

Continuous Quality Improvement Plan For Provider Regional Reviews

Provider:

Date:

Based on the self-assessment and other sources of data, what are the agency's strengths in providing quality services and supports?

Based on the self-assessment and other sources of data, what are the agency's challenges in providing quality services and supports?

Based on this information, what are the themes/trends that will be the agency's priority improvement areas ?

- 1.
- 2.
- 3.
- 4.
- 5.

Complete This Page For Each Priority Improvement Area

Date Initiated:

Revised: April 16, 2008

Improvement Area #1

Anticipated Outcome:

Sources of Assessment: (Organizational Self Assessment, Customer Satisfaction Surveys, etc.)

Current Level of Performance: (Baseline Information)

Root Cause Analysis: (What are the possible underlying causes ?)

Improvement Strategies: (What specific efforts/strategies will the agency use to improve from baseline to desired outcome ?)

Specific Measures and Time Frames: (How will the agency measure success ?)

Progress Review: (What progress has been made toward achieving the desired improvement outcome?)

Date of Review:

Activities Toward Goal:

Measurement of Success:

Modifications of Strategies:

Progress Review: (What progress has been made toward achieving the desired improvement outcome?)

Date of Review:

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Continuous Improvement Plan

For Provider Regional Reviews

Review and Signature Page

I have reviewed and approved this continuous improvement plan being submitted by our agency

Signature of Provider Agency Director

Title

Date

I have reviewed and accepted this continuous improvement plan

Signature of CT DDS Manager

Region

Date

Distribution:

- ☐ Director of Quality Management (All)
- ☐ Regional Quality Improvement Director (All)
- ☐ Regional Resource Administrator (Private)
- ☐ Private Assistant Regional Director (Private)
- ☐ Public Assistant Regional Director (Public)
- ☐ Provider Agency